



Illinois Valley Community Hospital

925 West Street, Peru, Illinois 61354
815-223-3300

Caring Professionals

KRAMER, MADELINE H



Visit ID: 109898761

01/20/2013

18M/F

PCP OUT-OF-TOWN PHYSICIAN

ATT: SABIR MUHAMMAD

MRN: 261617

Provisional Diagnosis:

1.00: chest

Follow up in _____ day(s) with:

Dr. Your primary

☐ Please call for an appointment

☐ Occupational Health (7:30 a.m. - 5:30 p.m. Monday - Friday)

Work/School Excuse:

☐ Should be off work/school/PE from _____ thru _____

☐ Regular work with no restrictions as of _____

☐ Can work with the following limitations:

☐ No lifting over _____ lbs

☐ Maximum bending or stooping _____

☐ Minimum work using Lt./Rt. Arm _____ Leg _____ Hand _____

☐ Other _____

Additional Information:

permethrin over-the-counter
scalp treatment

laundries should not use hot
water

Lab cultures take 48 - 72 hours to complete. Special cultures will take a minimum of 5 days to complete. Contact your physician or ER for results.

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care. If you cannot contact your doctor, then return to the Emergency Department.

Please follow the attached instructions for the complaint specified below.

☐ Abdominal Pain

☐ Headache

☐ Animal Bite

☐ Head Injury-Adult/Child

☐ Asthma

☐ Influenza

☐ Back Pain

☐ Nosebleed

☐ Bronchitis

☐ Otitis (Earache)

☐ Burn Care

☐ Pharyngitis

☐ Contusion

☐ Seizure

☐ Crutch/Walking/Crutches

☐ Smoking Cessation

☐ Dehydration

☐ Strain/Sprain

☐ Dermabond®

☐ Tetanus

☐ Eye Injury

☐ Upper Respiratory Infection

☐ Fever-Adult/Child

☐ Urinary Tract Infection

☐ Febrile Convulsion

☐ Vomiting/Diarrhea-Adult/Child

☐ Fracture

☐ Wound Care/Suture Care

☐ Other _____

☐ You have sutures/staples which must be removed in _____ days

X-rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/internist. You will be notified if there is a difference from the preliminary reading.

Medications/Prescriptions:

☐ You received/were prescribed sedatives or pain medications that may make you drowsy. Do not drive, drink alcohol or operate machinery while you are taking these medications.

☐ Medication information sheets provided for prescriptions

☐ Side effects and potential adverse reactions reviewed

Signature of patient or responsible party

Signature of witness

Date/Time

Illinois Valley Community Hospital • 925 West Street • Peru, Illinois 61354

For: KRAMER, MADELINE H, Date: 08/12/2014

DOB: 01/20/2013, Physician: SABIR, MUHAMMAD

R

VOID

DEA No. _____

No Refills _____

Dr. _____ DATE: 10/18/2016

SUBSTITUTION PERMITTED: _____

DISPENSE AS WRITTEN

Illinois Valley Community Hospital • 925 West Street • Peru, Illinois 61354

For: KRAMER, MADELINE H, Date: 08/12/2014

DOB: 01/20/2013, Physician: SABIR, MUHAMMAD

R

VOID

DEA No. _____

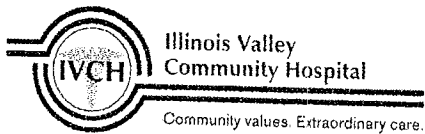
No Refills _____

Dr. _____ DATE: _____

SUBSTITUTION PERMITTED: _____

DISPENSE AS WRITTEN





Skin Rash Insect Bite Abscess

Patient: KRAMER, MADELINE	Sex: Female	DOS: 08/12/2014 12:43	MR#: 261617
Age: 18M	DOB: 01/20/2013	Room: 0100	Bed: 10018
Visit #: 10989876		Creation Date: 08/12/2014 12:43	
Attending Physician: SABIR, MUHAMMAD		Created By: SABIR, MUHAMMAD	

Physician date / time:

On arrival

EMS arrival

Informant: patient

spouse

paramedics

witness: mother

Exam limited by: unconsciousness

mental impairment

uncooperativeness

intoxication

communication barrier

History limited by: unconsciousness

mental impairment

uncooperativeness

intoxication

communication barrier

Transfer from:

See transfer record

HPI

☒ Reviewed☐ Updated

Complaint: skin rash

skin lesion

tender area

swollen area

insect bite

insect sting

possible insect bite

Comments: here for lice check

Onset: 5 min hrs days ago

Duration: min hrs days

Timing: still present

gone now

better

worse

changing location with time

constant

intermittent episodes

lasting:

Location: generalized

facial

neck

trunk

upper extremity

R

L

lower extremity

R

L

perirectal

axillary R L

Quality: itchy

painful

burning

Identified cause: no

yes

possibly:

When: just prior to symptom onset

other:

Where: home

work

other:

Context: Exposure:

Medication: antibiotic

aspirin

NSAID

ACE inhibitor

other:

Food: shellfish

nuts

soybeans

eggs

other:

DATE

10/18/2016

Circle positivesstrikethrough ~~negatives~~

unmarked = not applicable



Skin Rash Insect Bite Abscess

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Other: bee sting wasp sting ant bite spider bite insect bite poison ivy poison oak
 infectious illness soap detergent other:

Similar symptoms previously:

Recently: seen treated by doctor hospitalized

ROS
☒ Reviewed ☐ Updated

CONST recent: illness fever sweating

CVS chest pain

RESP shortness of breath cough

EYES redness itching

ENT sore throat nasal drainage

GI abdominal pain nausea vomiting

GU problems urinating LMP date: pregnant post-menopausal

MUSC calf pain leg pain neck pain back pain joint pain

LYMPH swollen glands ankle swelling

NEURO headache fainting dizziness tingling numbness

PSYCH anxiety

☐ except as marked positive, all systems above reviewed and found negative

HISTORY
☒ Reviewed ☐ Updated

No chronic diseases

Cardiac disease: Afib CAD CHF MI

Diabetes: Type 1 Type 2 diet oral insulin:

Hypertension:

DATE 10/18/2016

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Skin Rash Insect Bite Abscess

Patient: KRAMER, MADELINE	Sex: Female	DOS: 08/12/2014 12:43	MR#: 261617
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Hereditary angioedema

Allergy to poison ivy	shingles	strep throat	hepatitis	HIV	lupus	chicken pox
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☐ Old records reviewed/summary

Surgeries / Procedures: none

Full Problem List ☒ Reviewed ☐ Updated

Head lice (2014)

Allergies ☒ Reviewed ☐ Updated

No Known Allergies

Home Medications ☒ Reviewed ☐ Updated

None Reported : HOME MEDICATION Last Documented By: KRISTINA M. MARTIN, RN on 08/12/2014 10:54

Immunizations ☒ Reviewed ☐ Updated**SOCIAL HISTORY** ☒ Reviewed ☐ Updated

Tobacco Use

Alcohol Use

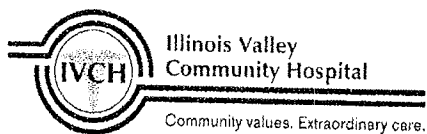
Recreational Drug Use

FAMILY HISTORY ☒ Reviewed ☐ Updated

Atopic allergy asthma

DATE 10/18/2016

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Skin Rash Insect Bite Abscess

Patient:
 KRAMER, MADELINE

Sex:
 Female

DOS:
 08/12/2014 12:43

MR#:
 261617
VITAL SIGNS

Reviewed



Updated

Last Set of Vitals: Interpretation: normal hypoxic

Pulse: 120 08/12/2014 10:55

Temp: 97.3 F 08/12/2014 10:55

Resp: 20 08/12/2014 10:55

Additional Vitals:

PHYSICAL EXAM

Nursing Assessment Reviewed

CONST

no acute distress

distress: mild moderate severe

alert

anxious lethargic

SKIN

warm dry intact

cyanotic diaphoretic pallid jaundiced

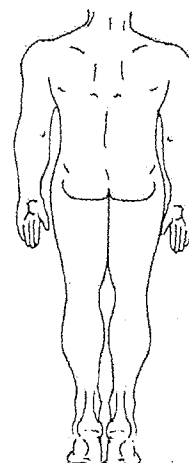
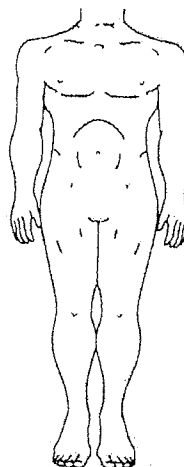
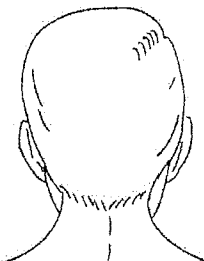
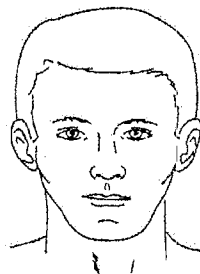
color normal

abscess indurated area tender indurated area

pointing fluctuant with erythema with lymphangitis

skin rash erythema lesion plaque

pressure ulcer location:



DATE 10/18/2016

Circle positives

strikethrough ~~negatives~~

unmarked = not applicable



Skin Rash Insect Bite Abscess

Patient:
KRAMER, MADELINE

Sex:
Female

DOS:
08/12/2014 12:43

MR#:
261617

Location:

generalized face scalp ears neck: anterior posterior
trunk: chest abdomen back extremities

Character:

symmetric asymmetric macular papular maculopapular fine confluent patchy
linear lacy polycyclic vesicular bullous urticarial erythematous petechial

Comments: no visible hair shaft nits or egg or actual lice seen,

With:

warmth tenderness swelling lymphangitis induration thickening scaling
well defined border weeping inflammation crusting rough texture sand paper like
skin-line distribution like pityriasis rosea

EXTREMITIES

normal inspection

described above

normal ROM

edema: hands arms legs pedal

non-tender

no pedal edema

EYES

normal inspection

scleral icterus injected conjunctivae
EOM palsy anisocoria

ENT

lips normal

pharyngeal erythema pharyngeal swelling

gums normal

pharynx normal

NECK

trachea midline

stiff neck meningismus

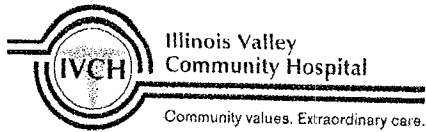
no swelling

lymphadenopathy

RESP

DATE 10/18/2016

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no respiratory distress wheezes rales rhonchi

breath sounds normal

CVS

regular rate and rhythm tachycardia bradycardia

heart sounds normal murmur grade /6 systolic diastolic

ABD

non-tender tenderness

no organomegaly hepatomegaly splenomegaly

GU

normal external inspection catheter present

RECTAL

non-tender rectal: tenderness mass drainage

NEURO

oriented x 4 disoriented to: person place time situation

CN's normal (2-10) facial droop

motor normal weakness

sensation normal sensory loss

PSYCH

mood normal depressed mood

affect normal depressed affect

RESULTS

☒ Not Applicable

PROCEDURES

Incision and Drainage of Abscess

Anesthesia

Local: lidocaine: 1% 2% epinephrine bicarbonate bupivacaine: 0.25% 0.5%

Procedural sedation

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FINAL (SIGNED)



Skin Rash Insect Bite Abscess

Patient: KRAMER, MADELINE	Sex: Female	DOS: 08/12/2014 12:43	MR#: 261617
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Preparation and Procedure

Skin prep:

Incised abscess with # ___ blade purulent drainage: large small
Probed to break up loculations packed with gauze obtained cultures obtained gram stain

PROGRESS

Time unchanged improved re-examined

PLAN

Discussed with Dr:

will see patient in: ED hospital office

Additional history from: family caretaker paramedics other:

Counseled: patient family regarding: lab rad results diagnosis

need for follow-up:

Rx given: ptc permethrin for scalp treatment.

Critical care time: (excluding separately billable procedures) min

Orders:

Order Date	Description	Frequency	Ordered By	Status
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CLINICAL IMPRESSION

Skin Rash Allergic Reaction - acute Hives Urticaria Erythema Multiforme Drug Rash
Contact Dermatitis Poison Ivy Soft Tissue Infection Cellulitis Impetigo
Abscess: cutaneous pilonidal perirectal Hidradenitis Suppurativa Eczema Psoriasis
Insect Bite Insect Sting Meningococcemia Sepsis SIRS - severe Septic Shock
Toxic Shock Syndrome Rocky Mountain Spotted Fever Lyme Disease Disseminated Gonococemia
Syphilis Scarlet Fever Scarlettina Chicken Pox Herpes Zoster Viral Illness Exanthema
Pityriasis Rosea Scabies

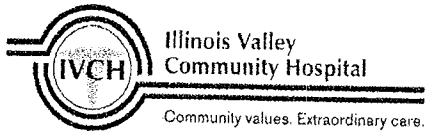
Current Problems ☐ Reviewed ☐ Updated

Head lice (2014)

DATE 10/18/2016

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FINAL (SIGNED)



Skin Rash Insect Bite Abscess

Patient:
KRAMER, MADELINE

Sex:
Female

DOS:
08/12/2014 12:43

MR#:
261617

DISPOSITION

Time: Home Transfer Admit Morgue
 Nursing Home Police Funeral Home Medical Examiner
Present on arrival: pressure ulcer UTI
Condition: unchanged improved stable serious critical deceased
Care transferred to Dr: time:

SIGNATURE

Signature attests that all pages have been reviewed and completed

MUHAMMAD SABIR, MD
Physician Signature

08/12/2014 12:53
Date

DATE 10/18/2016

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